

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant :Viswanathan SRINIVASAN et al.

Confirmation No. 4047

Group Art Unit: 1616

Appl. No. :10/736,902

Examiner: unknown

Filed :December 17, 2003

For :DOSAGE FORM CONTAINING PROMETHAZINE AND ANOTHER
DRUG

**PETITION UNDER 37 C.F.R. § 1.181(a) TO WITHDRAW HOLDING OF
ABANDONMENT**

BY FACSIMILE

U.S. Patent and Trademark Office

OIPE Customer Service

Sir:

This is in response to the Notice of Abandonment under 37 C.F.R. 1.53 (f) or (g), mailed January 7, 2005 in the above-identified application for Applicants' alleged failure to reply to the Notice to File Missing Parts (Notice) mailed on March 25, 2004.

1. Applicants hereby petition the Director under 37 C.F.R. § 1.181(a) to withdraw the Notice of Abandonment because a complete response to the Notice was in fact filed within the two-month term set by the Notice, i.e., on April 30, 2004.

P24170.A04

2. Enclosed as proof of filing of the response to the Notice is a copy of a properly itemized Mailroom Filing Receipt, date-stamped April 30, 2004. Also enclosed are true copies of the filed items, i.e.:

- (a) Cover Letter;
- (b) executed Declaration and Power of Attorney;
- (c) Statement of Small Entity Status;
- (d) Information Disclosure Statement, form PTO 1449, and one reference cited therein;
- (e) Notice to File Missing Parts of Application Filing Date Granted (copy)
- (f) Check No. 49777 for \$ 1,022.00.

A copy of the cashed check (f) is enclosed as well.

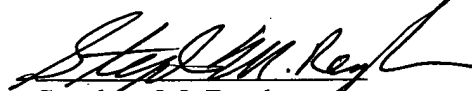
Applicants note that no fee is necessary for consideration of this petition. However, if a fee is deemed necessary for any reason, the Patent and Trademark Office is hereby authorized to charge Deposit Account No. 10-0089 any fee necessary to ensure consideration of the present petition.

An early notification of the withdrawal of the Notice of Abandonment is respectfully solicited.

P24170.A04

Should there be any questions, the U.S. Patent and Trademark Office is invited to contact the undersigned at the telephone number listed below.

Respectfully submitted,
Viswanathan SRINIVASAN et al.


Stephen M. Roylance
Reg. No. 31,296

January 18, 2005
GREENBLUM & BERNSTEIN, P.L.C.
1950 Roland Clarke Place
Reston, VA 20191
(703) 716-1191



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ENDORSE HERE

PATENT AND TRADEMARK OFFICE

13-10-0001

05-03-2004

FOR CREDIT TO THE

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DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
FINANCIAL INSTITUTION USE *

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US DATE 05/04/04
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when gross
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Pay the Thousand Twenty Two and 00/100 Dollars
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ORDER OF

April 30, 2004 \$ 1,022.00

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(703) 718-1191

GREENBLUM & BERNSTEIN, P.L.C.

49777

Security Features Included Details on back

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Intellectual Property Causes
1950 Roland Clarke Place
Reston, VA 20191
(703) 716-1191



4/30/2004

File In: M4/11/04

The Patent Office Date stamp hereon is an acknowledgement that, on the date indicated, the Patent Office received the following:

✓ *Statement of Small Entity Status*

- | | |
|--|---|
| <input type="checkbox"/> Amendment | <input type="checkbox"/> Claim of Priority & Certified Copy of _____ |
| <input type="checkbox"/> Executed Assignment and cover letter
<input type="checkbox"/> by facsimile | |
| <input type="checkbox"/> Executed S.E.S. <input type="checkbox"/> S.E.S. Assertion | <input checked="" type="checkbox"/> Declaration <input type="checkbox"/> Supplemental |
| <input type="checkbox"/> Req. for Ext. of Time | <input checked="" type="checkbox"/> New <input type="checkbox"/> Unexecuted |
| <input checked="" type="checkbox"/> Fee Filing <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Executed by facsimile |
| Recording <input type="checkbox"/> | |
| Issue <input type="checkbox"/> | <input type="checkbox"/> Transmittal Letter |
| Extension <input type="checkbox"/> | <input type="checkbox"/> Patent Application |
| <input type="checkbox"/> Fee Transmittal | <input type="checkbox"/> Provisional <input type="checkbox"/> Reexam |
| <input type="checkbox"/> Maintenance Fee Payment | <input type="checkbox"/> Reissue <input type="checkbox"/> Design |
| <input type="checkbox"/> PTOL-85B Issue Fee | <input type="checkbox"/> Continuation <input type="checkbox"/> CIP |
| <input type="checkbox"/> Letter to Draftsman (in trip.) | _____ pages (w/abstract) |
| <input type="checkbox"/> Design Patent Application Transmittal | _____ claims _____ independent |
| <input type="checkbox"/> Utility Patent Application Transmittal | _____ sheets of drawings |
| <input type="checkbox"/> Provisional Application Cover Sheet | _____ figures |
| <input type="checkbox"/> Continued Prosecution Application | <input checked="" type="checkbox"/> I.D.S. form PTO-1449 & |
| (CPA) Request Transmittal | References <input type="checkbox"/> as attached |
| <input type="checkbox"/> Request for Continued Examination (RCE) | <input checked="" type="checkbox"/> as listed on |
| including submission | reverse |
| <input checked="" type="checkbox"/> Cover Letter | <input type="checkbox"/> One self-addressed postcard |
| <input checked="" type="checkbox"/> Check No. 49777 for \$ 1,022.00 | <input type="checkbox"/> Certification under 1.97(e) |
| <input type="checkbox"/> Rule 53b and 53f Letter for | <input type="checkbox"/> Certificate of Mailing (C-G-M) |
| Unexecuted Application | <input type="checkbox"/> Returned Envelope |

✓ *Form Notice to file Missing Parts*

In the matter of : DOSAGE FORM CONTAINING PROMETHAZINE AND ANOTHER DRUG

Applicant : Viswanath H. SRINIVASAN et al.
 : Ralph BROWN

Application No. : 10/736,902

Filed : 12/17/03

Patent No. :

Issued :

Docket : P24170

HH



Doc. attached:

Text of Norwich Home LP Sales Meeting - Part one,
pp. 19-34, Dec. 1957.

COPY

GREENBLUM & BERNSTEIN, P.L.C.

49777

OUR REFERENCE NUMBER	YOUR INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT	NET AMOUNT
Surcharge - Late filing fee or oath or declaration (2051), Basic filing fee - Utility (2001), Independent claims in excess of three (2201), Claims in excess of twenty (2202)						
File # : P24170						

GREENBLUM & BERNSTEIN, P.L.C.

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RESTON, VA 20191
(703) 716-1191

BANK OF AMERICA
02992 VA
68-1-510

COPY 49777

DATE	CONTROL NO.	AMOUNT
April 30, 2004		\$ 1,022.00

PAY TO THE ORDER OF **U.S. PATENT AND TRADEMARK OFFICE**
One Thousand Twenty Two and 00/100 Dollars

VOID AFTER 120 DAYS

⑈049777⑈ ⑆051000017⑆ 000026912101⑈

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P24170.P09



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Viswanathan SRINIVASAN et al.

Mail Stop Missing Parts

Appln No : 10/736,902

Office of Initial
Patent Examination
Customer Service Center

Filed : December 17, 2003

For : DOSAGE FORM CONTAINING PROMETHAZINE AND ANOTHER DRUG

COVER LETTER

Mail Stop Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

COPY

Sir:

In response to the Notice to file Missing Parts of Application Filing Date Granted (copy attached) of March 25, 2004, the period for response being set to expire May 25, 2004, please find enclosed:

- an executed Declaration and Power of Attorney;
- a check in the amount of \$1,022.00 of which \$65.00 is payment of the surcharge for late filing of the declaration, \$385.00 is payment of the basic filing fee, \$486.00 of payment of the extra claims over twenty, and \$86.00 is payment of the extra independent claims over three.

Also enclosed is:

- a Statement of Small Entity Status; and
- an Information Disclosure Statement, form PTO-1449, and a reference cited.

The U.S. Patent and Trademark Office is hereby authorized to charge any additional fee, or credit any overpayment, to Deposit Account No. 19-0089.

Respectfully submitted,
Viswanathan SRINIVASAN et al.

Stephen M. Roylance
Reg. No. 31,296

April 30, 2004
GREENBLUM & BERNSTEIN, P.L.C.
1950 Roland Clarke Place
Reston, VA 20191
(703) 716-1191

COPY



P24170.A02

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Viswanathan SRINIVASAN et al.

Confirmation No. 4047

Serial No. : 10/736,902

Group Art Unit: 1616

Filed : December 17, 2003

For : DOSAGE FORM CONTAINING PROMETHAZINE AND ANOTHER DRUG

STATEMENT OF SMALL ENTITY STATUS

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

COPY

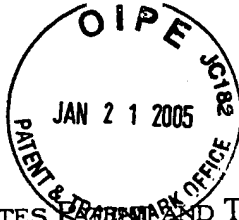
Sir:

In accordance with 37 C.F.R. 1.27, Applicants in the above-identified application hereby request status as a small entity for purposes of paying fees.

Respectfully submitted,
Viswanathan SRINIVASAN et al.

Stephen M. Roylance
Reg. No. 31,296.

April 30, 2004
GREENBLUM & BERNSTEIN, P.L.C.
1950 Roland Clarke Place
Reston, VA 20191
(703) 716-1191



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/736,902	12/17/2003	Viswanathan Srinivasan	P24170

7055
 GREENBLUM & BERNSTEIN, P.L.C.
 1950 ROLAND CLARKE PLACE
 RESTON, VA 20191

RECEIVED

MAR 26 2004

GREENBLUM & BERNSTEIN PLC

CONFIRMATION NO. 4047

FORMALITIES LETTER



OC000000012181737

Date Mailed: 03/25/2004

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

COPY

Items Required To Avoid Abandonment:

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.
Applicant must submit \$ 770 to complete the basic filing fee for a non-small entity. If appropriate, applicant may make a written assertion of entitlement to small entity status and pay the small entity filing fee (37 CFR 1.27).
- The oath or declaration is unsigned.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.

The applicant needs to satisfy supplemental fees problems indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

- Additional claim fees of \$1144 as a non-small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

SUMMARY OF FEES DUE:

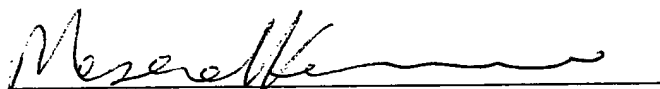
Total additional fee(s) required for this application is \$2044 for a Large Entity

- \$770 Statutory basic filing fee.
- \$130 Late oath or declaration Surcharge.
- Total additional claim fee(s) for this application is \$1144

- \$172 for 2 independent claims over 3.
- \$972 for 54 total claims over 20.

Replies should be mailed to: Mail Stop Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

*A copy of this notice **MUST** be returned with the reply.*



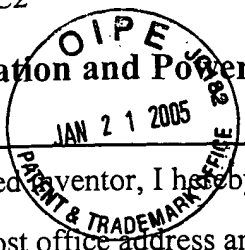
Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

COPY

Declaration and Power of Attorney For Utility or Design Patent Application
English Language Declaration



As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

DOSAGE FORM CONTAINING PROMETHAZINE AND ANOTHER DRUG

the specification of which is attached hereto unless the following box is checked:

COPY as

☒ was filed on December 17, 2003

United States Application Number 10/736,902 (if applicable) or,

PCT International Application Number _____ (if applicable)
 and was amended on _____

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a-d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below. I have also identified below, by checking the "No" box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:

			Priority Claimed	
			<input type="checkbox"/>	<input type="checkbox"/>
			Yes	No
<u> </u> (Number)	<u> </u> (Country)	<u> </u> (Day/Month/Year Filed)	<input type="checkbox"/>	<input type="checkbox"/>
<u> </u> (Number)	<u> </u> (Country)	<u> </u> (Day/Month/Year Filed)	<input type="checkbox"/>	<input type="checkbox"/>
<u> </u> (Number)	<u> </u> (Country)	<u> </u> (Day/Month/Year Filed)	<input type="checkbox"/>	<input type="checkbox"/>
			Yes	No

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

<u> </u> (Number)	<u> </u> (Day/Month/Year Filed)
<u> </u> (Number)	<u> </u> (Day/Month/Year Filed)
<u> </u> (Number)	<u> </u> (Day/Month/Year Filed)

☐ Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

(Application No.)

(Filing Date)

(Status)
(patented, pending, abandoned)

(Application No.)

(Filing Date)

(Status)
(patented, pending, abandoned)

☐ Additional U.S. or international application numbers are listed on a supplemental priority sheet attached hereto.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from either his foreign patent agent or corporate representative, if any, as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) associated with the Customer Number provided below to prosecute this application and transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to that Customer Number:

CUSTOMER NUMBER 7055

The appointed attorneys include:

Neil F. Greenblum Reg. No. 28,394
Bruce H. Bernstein Reg. No. 29,027
Arnold Turk Reg. No. 33,094
James L. Rowland Reg. No. 32,674
Robert W. Mueller Reg. No. 35,043

Stephen M. Roylance Reg. No. 31,296
Leslie J. Paperner Reg. No. 33,329
William Pieprz Reg. No. 33,630
William E. Lyddane Reg. No. 41,568

At: Greenblum & Bernstein, P.L.C.
1950 Roland Clarke Place
Reston, VA 20191

Direct Telephone Calls to: Greenblum & Bernstein, P.L.C. (703) 716-1191

Full name of sole or first inventor

David BROWN

Inventor's signature



Date

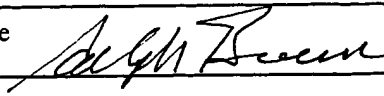


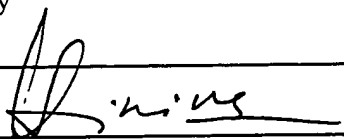
1/27/04

Residence
Colleyville, Texas

Citizenship
United States

Post Office Address
4509 Westbury, Colleyville, Texas 76034

(Supply similar information and signature for second and subsequent joint inventors.)

Full name of second joint inventor, if any Ralph BROWN	
Second Inventor's signature 	Date 1/27/04
Residence Southlake, Texas	
Citizenship United States	
Post Office Address 1214 Morgan Road, Southlake, Texas 76092	
Full name of third joint inventor, if any Himanshu PATEL	
Third Inventor's signature 	Date 1/29/04
Residence North Richland Hills, Texas	
Citizenship Zambia	
Post Office Address 4225 Rufe Snow, Apt. No. 1212, North Richland Hills, Texas 76180	
	
Full name of fourth joint inventor, if any Viswanathan SRINIVASAN	
Fourth Inventor's signature 	Date 1/29/04
Residence The Woodlands, Texas	
Citizenship United States	
Post Office Address 19 Valley Mead Place, The Woodlands, Texas 77384	
Full name of fifth joint inventor, if any	
Fifth Inventor's signature	Date
Residence	
Citizenship	
Post Office Address	
Full name of sixth joint inventor, if any	
Sixth Inventor's signature	Date
Residence	
Citizenship	
Post Office Address	



P24170.A01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Viswanathan SRINIVASAN et al.

Confirmation No. 4047

Serial No. : 10/736,902

Group Art Unit: 1616

Filed : December 17, 2003

For : DOSAGE FORM CONTAINING PROMETHAZINE AND ANOTHER DRUG

INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450



Sir:

Pursuant to 37 C.F.R. § 1.56 and 37 C.F.R. §§ 1.97-1.98, Applicants hereby direct the

Examiner's attention to the following documents:

- (1) U.S. Patent No. 4,642,231 (PETERS et al.), February 10, 1987;
- (2) U.S. Patent No. 5,807,579 (VILKOV et al.), September 15, 1998;
- (3) U.S. Patent No. 6,491,949 B2 (FAOUR et al.), December 10, 2002;
- (4) U.S. Patent No. 4,777,170 (HEINRICH), October 11, 1988;
- (5) U.S. Patent No. 4,762,709 (SHEUMAKER), August 9, 1988;
- (6) U.S. Patent No. 6,001,392 (WEN et al.), December 14, 1999;
- (7) U.S. Patent No. 6,372,252 B1 (BLUME et al.), April 16, 2002;

P24170.A01

- (8) U.S. Patent Application Publication No. U.S. 2003/0049318 (DAVIS et al.), March 13, 2003;
- (9) Text of the Novahistine LP Sales Meeting - Part One, pp. 19-34, December 1957.

A copy of the above-listed document (9) is enclosed together with a completed copy of the PTO-1449 Form listing the above-listed documents (1) to (9). Accordingly, the Examiner is requested to consider these documents and to indicate such consideration by returning a signed and initialed copy of the PTO-1449 Form with the next official communication.

CC BY

Further to the U.S. Patent and Trademark Office's decision to waive the requirement under 37 C.F.R. § 1.98 (a)(2)(I), copies of the U.S. patents and the published U.S. application cited above are not enclosed herewith. However, if any copies are needed, the Examiner is respectfully requested to contact the undersigned.

If there should be any questions, the Examiner is invited to contact the undersigned at the telephone number listed below.

P24170.A01

Respectfully submitted,
Viswanathan SRINIVASAN et al.

Stephen M. Roylance
Reg. No. 31,296.

April 22, 2004
GREENBLUM & BERNSTEIN, P.L.C.
1950 Roland Clarke Place
Reston, VA 20191
(703) 716-1191

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Form PTO-1449

U.S. Department of Commerce
Patent and Trademark OfficeAtty. Docket No.
P24170Serial No.
10/736,902

**INFORMATION DISCLOSURE STATEMENT
BY APPLICANT**
(Use several sheets if necessary)

Applicant
Viswanathan SRINIVASAN et al.Filing Date
December 17, 2003Group
1616**U.S. PATENT DOCUMENTS**

EXAMINER INITIAL		DOCUMENT NUMBER							DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE
		4	6	4	2	2	3	1	02/10/87	PETERS et al.			
		5	8	0	7	5	7	9	09/15/98	VILKOV et al.			
		6	4	9	1	9	4	9	12/10/02	FAOUR et al.			
		4	7	7	7	1	7	0	10/11/88	HEINRICH			
		4	7	6	2	7	0	9	08/09/88	SHEUMAKER			
		6	0	0	1	3	9	2	12/14/99	WEN et al.			
		6	3	7	2	2	5	2	04/16/02	BLUME et al.			
	2003 /	0	0	4	9	3	1	8	03/13/03	DAVIS et al.			

FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER							DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION YES NO	

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent Pages, Etc.)

		1	Text of the Novahistine LP Sales Meeting - Part One, pp. 19-34, December 1957.

EXAMINER

DATE CONSIDERED

*EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

PLANNED DETAILING

OPENING REMARKS BY STEWART RUCH, SALES DIRECTOR,
DEFINE THE 'COLD' MARKET AND REVIEW THE PROGRESS
OF NOVAHISTINE AND DIRECTLY COMPETITIVE PRODUCTS

©©©

We all know that colds are the most frequent "disease" and also the second most frequent reason why patients see doctors. We know, therefore, that we are in a big market with our Novahistine family.

But, how big is big?

We have available to us certain data from government and private sources which permit us to estimate that about \$50 million dollars was spent by the public for cough and cold preparations in 1956. This figure, large as it may seem, is actually rather conservative and does not include such items as vitamins, bioflavonoids, antibiotics, and analgesics, which are, of course, also employed in the treatment of colds. Included in this \$50 million dollars, then, are expenditures for cough and cold preparations, nose drops, and antihistamines in various forms.

The dollar volume on the manufacturer's level for this group of products was about 100 million dollars and 50-55 million dollars was sold through ethical channels. (Ethical preparations, for this purpose, are defined as items that are promoted through the physician but not necessarily prescribed by him.)

100 million dollars is a tremendously big figure.

\$100,000,000 per year

\$274,000 per day

\$11,413 per hour

\$190 per minute

\$3.16 per second

You will agree that the amount of cold and cough preparations sold depend on many things which we cannot predict or control, such as the weather and the incidence of flu epidemics and the like. However, there are certain reasonably fixed figures which we can use for a market interpretation. The number of dollars spent for cold medication depends on the number of people and the number of colds each individual catches during the year. We have figures which permit us to make a good estimate of our trends and possibilities in this market.

other factors

As you look at this market, two things will attract your attention. One is that the incidence of colds is higher in certain age brackets, notably during childhood and old age. Another is the fact that the rate of population increase is not the same in all age brackets but that the children and youth group, as well as the older age brackets,

increase much more rapidly than the population as a whole. The young adult group has a negative rate of increase at the present time; that is, there will be fewer people in these age brackets in the future than there are now. By following this line of reasoning and multiplying the rate of increase, times the attack rate, times the present population, we immediately see that we are in a very enviable position, since we are in a market that will automatically increase in size. The reason for this is that groups of the population which are known to have the highest number of colds per year are increasing more rapidly. We can actually calculate that if all conditions such as weather, etc., were equal in 1961 and 1957, approximately 10 or 11 million dollars more cough preparations would be sold in 1961 than in 1957 (at manufacturer's price and at present dollars).

Let's look at our own business for a moment. We have made very enviable progress with Novahistine and each of us is aware of this record. We have, again, some outside sources which permit us to take an unbiased look at our performance. As many of you know, we purchase a prescription audit which permits us to estimate the

(Continued on Page 20)

products competitive
to Novahistine

percentage of our preparations sold through trade channels. This prescription count is essentially a sampling procedure and each point counted represents a given number of actual prescriptions filled. Each month, with the exception of May and July, we have had a substantial increase in the number of prescriptions tabulated. This presents a challenging picture, and because other people are just as smart as we are, they have begun to jump on the bandwagon and follow our lead. We know that last year a number of small companies started to imitate Novahistine, and we also know that two or three larger firms have been on the market with products directly competitive to Novahistine.

Notable last year were Phenistan Tablets (Chicago), Chlor-Trimeton Compound Syrup (Schering), Phenaphen Plus (Robbins) and Triaminic (Smith-Dorsey). Just recently Roche has opened what appears to be a full scale campaign for what they call a new *complete cold formula*, Romilar C F, and we also know that Winthrop has introduced Neo Synephrine Compound Tablets. No doubt other competition is on the way in the ethical field and, of course, many of you may be familiar with the radio and television claims of such products as Citroid Tablets and Coldene, which are essentially imitations of Novahistine preparations.

Smith-Dorsey's success
with Triaminic tablets

This year only one of these competitors has made a serious effort at promoting its product with some rather outstanding success. You all know Triaminic, and the fact that Smith-Dorsey's efforts were concentrated mainly on their long acting tablet. With this tablet they were actually able to out-sell us after only six months following introduction of their product. During the last twelve months we had a rather gratifying increase on Novahistine Capsules and Tablets prescriptions, which jumped from an audit count of 281 to 376. In spite of this increase, which indicates an expansion of our market, Smith-Dorsey, with their long acting Triaminic tablet, was able to score 238 audit count units in only eleven months. This, then, represents a missed opportunity for us which we now can fill with our new L. P. tablet. We know that if Smith-Dorsey can round up more than twice as many new prescriptions with their long acting tablet compared with Novahistine Capsules and Tablets, we should be able to triple or quadruple new prescriptions with Novahistine LP.

**DR. CARL BUNDE, RESEARCH DIRECTOR, SUMMARIZES
THE EXTENSIVE SEARCH FOR THE TABLET THAT
WOULD BE INFLUENCED 'BY NOTHING BUT TIME'**

"Eight years ago, when I first came with Pitman-Moore Company, we set up some new research projects, some of which were short term and others that we knew would take time and thought. For one of the longer, more difficult assignments, I asked Mr. Jeffries in development if he would create a tablet which would release the contained active ingredients at a constant rate regardless of all other factors. In other words, I wanted

a tablet which would be influenced by nothing but time. Food, motility of the gastrointestinal tract, acidity, or alkalinity — none of these must influence drug release.

"Many formulas were tried and rejected. One looked promising enough so that we did clinical trials. This was about four years ago. However, we discovered that aging of the tablet influenced solution time. A freshly made tablet broke down in about 4 to 5 hours, but after 6 months on the shelf, it wouldn't dissolve in 12 hours. It was then I asked Dr. Nash to join forces with Mr. Jeffries, as our desire for this perfect prolonged action tablet was becoming very great. Dr. Nash had successfully teamed up with Mr. Jeffries in creating our Fuzene base, so I had hopes the combination would click again. After three years of tests and trials, we came up with our present L. P. core. The formula has been unchanged for the past year, during which time we have given it every test and trial we could dream up. In every one it was so nearly perfect I was reluctant to believe the figures. I now present you with a tablet which will slowly release drugs at a constant rate uninfluenced by *any* factor other than time and moisture.

"I know you have done wonderful sales jobs on lesser products — so this one should set records. The research part is done. Now it is all yours. Take it away."

JOHN GALLAWAY, ADVERTISING DIRECTOR, EXPLAINS THE VARIATIONS IN TABLET MEDICATION . . . AND WHY YOU CAN CLAIM 'CONTINUOUS ACTION' FOR NOVAHISTINE LP

conventional tablets
are 'immediately' absorbed
. . . the effect is rapid,
but duration is short

If you are going to fully appreciate what Novahistine LP *does*, you must first understand some of the things that it does *not* do. For example, Novahistine LP does not produce the "usual" therapeutic effect of its ingredients. Ordinarily, when a drug is administered in solution or capsules or the conventional compressed tablets, it begins to be absorbed almost immediately after it is swallowed. Depending on the nature of the drug, it produces its therapeutic effects shortly after it is absorbed into the blood stream. With agents such as those in Novahistine, these therapeutic effects begin almost immediately after absorption starts taking place. So long as absorption continues, and until these agents are excreted, they continue to produce effect. But many drugs that produce immediate effect do not ordinarily produce a *long-lasting* effect.

If we plotted the "usual" therapeutic effect of either phenylephrine or propenpyridamine we would find the "effectiveness level" is reached quite rapidly, but after the peak is passed, there is ordinarily a fairly sharp drop in the amount of absorption, so that four to six hours after the drug is administered, it is no longer producing therapeutic effect. Please understand that this problem is not peculiar to Novahistine. This curve is typical of the "effect" of almost any drug that is designed to give prompt relief and

represents the "usual" action of drugs as widely dissimilar as aspirin and veratrum. Obviously, it does not represent the typical effect of a drug like reserpine, or digitalis, whose therapeutic effect depends on gradual accumulation of active ingredient in the body tissues.

interest in extending
a drug's effectiveness
is not new

enteric coating
delayed absorption

combined use of
'conventional' and
enteric coated tablet
gave prompt
plus delayed effect

Because this problem of rapidly-waning effectiveness is inherent in most drugs, pharmaceutical manufacturers have always been concerned with trying to find some way of extending the effectiveness of a drug . . . so that dosage of three or four times a day could be reduced to an ideal regimen of one dose per day — or even less. Research in this field goes back for more years than most of you can remember, and many different methods have been tried in the search for a dosage form that would produce a sustained release of drugs. One commonly used technique, with which we are all familiar, is the enteric coated tablet, which has a coating that is not soluble in the acid medium of the stomach, but is soluble in the alkaline medium of the intestine. These enteric coatings, such as edible shellac and keratin, were originally developed to prevent the release of an ingredient that would be highly irritating to the lining of the stomach. Someone eventually theorized that an enteric coating could be used to delay the release of *any* active ingredient until the tablet reached the intestine, where absorption would begin after the coating was removed by the alkaline secretions of the intestine. In other words, it was theorized that the initial effect of a drug could be *delayed* for the period that it would take an enteric coated tablet to pass from the stomach to the intestine and there begin to be absorbed into the blood stream. In theory, at least, this would be a very logical way to "extend" the action of a drug. Strictly speaking, the action would not be "extended", but would be "delayed". In the field that interests us particularly, one of the first and most successful products of this type was the "delayed-action" Pyrabenzamine tablet. This product was introduced by Ciba some five or six years ago and dosage recommendations were that one "delayed action tablet" and one regular Pyrabenzamine tablet should be taken at the same time. The regular tablet would give immediate relief, which would last for a period of four to six hours . . . then the "delayed action tablet" would begin to be absorbed and would eventually produce several more hours of relief. This same technique has been applied to several different products . . . some of which were successful and some not. If we plotted the effect of a so-called "delayed action product" we would find an "effect curve" similar to that of a conventional dosage form. The only difference is that the beginning and end of the effect would both be projected several hours. Using a delayed action product of this type, in conjunction with a conventional dosage form, would have certain obvious advantages. It would at least be more convenient for people who don't want to carry medication around with them during the day. And, as Ciba pointed out in

a very effective advertising campaign, the "delayed action" Pyrabenzamine tablet could be taken at bedtime but would not start working until early morning . . . the time when hay-fever sufferers are often so miserable.

enteric coating
cannot give a
truly 'timed' effect
because many patients
do not have 'typical'
digestive systems

potential dangers
of delayed action

'tablets within tablets'

There are several reasons, however, why "delayed action tablets" were not the answer that doctors and pharmaceutical manufacturers were looking for. For one thing, many people have digestive systems that never work in a "typical" fashion. With some people, food or medicine taken into the stomach remains there for a long time and, in extreme cases, does not reach the intestine for several hours. At the other extreme are people whose stomach retains ingested material for only a few minutes before passing it on to the intestine. Even people having what we call a perfectly "normal" digestive system will, under certain circumstances, go to one extreme or the other. Indigestion, tension, diarrhea, constipation, the amount eaten at a meal, the spacing of meals, alcohol, coffee and many other things may affect the "normal" action of the digestive tract. Under such circumstances, of course, it is impossible to predict the fate of an enteric-coated tablet, whose therapeutic effect depends on the coating being removed at a given time by the alkaline secretions of the intestine. Therefore, the best that could be said for the delayed-action tablet was that in "average patients" it would "usually" work in the fashion claimed for it. But, as many doctors and research workers pointed out, there could never be any assurance that the conventional tablet and the delayed-action tablet would both work on a predictable schedule. If the delayed-action tablet should happen to move immediately into the intestine, instead of remaining for an hour or so in the stomach, as it should, then it would start releasing medication much more rapidly than was expected. Not only would the patient not experience an "extended" or "delayed" effect . . . he might experience *undesirable* effects. Certainly, if the peak release of both tablets occurred at approximately the same time, there would be a risk of too much *total effect* or unpleasant side actions from too large a dose. Conversely, if the first tablet's action began immediately, and the action of the second tablet was "delayed" too long, there would be an excessive span between the therapeutic effect of the two . . . and the patient's symptoms would return during that interval.

In an attempt to eliminate these objections to a "delayed action" tablet, some manufacturers went a step further. They theorized that if you could delay the *total* effect of a drug for a certain length of time by using a special coating, then it should be possible to delay the effect of just *part* of the dose. This led to the manufacture of "tablets within tablets". In their simplest form, as exemplified by Triaminic Tablets, such products consist of a core which is coated with some substance that will not dissolve until it reaches the intestine. Around this coated core is a shell that is soluble in the acid secretions of the stomach and designed to produce an immediate effect.

By putting the "delayed action" component inside the "usual effect" shell, the manufacturer could claim the advantage of producing two effects (immediate and delayed) with just one tablet. However, this "two stage" tablet could not eliminate the basic disadvantage to the original *two tablet dosage*—because in each case one tablet or one "core" had to be enteric-coated to prevent disintegration in the stomach. Moreover, there was the additional problem of getting enough medication in a *single shell* to provide an adequate measure of immediate relief for the average patient . . . or enough medication in a *single core* to provide prolonged relief. This is undoubtedly why the manufacturer of a leading "timed-release" tablet never claims that a single dose will "stop running noses" for more than 6 to 8 hours . . . hardly more than the proved effectiveness of many *conventional dosage forms*!

multiple layers of
medication — the
'repeat action' tablets
or capsules

The basic technique of one core within one shell has been refined by other manufacturers, who use multiple layers of medication — cores within cores. The release of ingredients in each successive layer is theoretically controlled by a coating which will dissolve after a certain length of time. With this type of product, the assumption must be made that the stomach retains the tablet so long as an acid-soluble shell is available, but promptly passes it on to the intestine as soon as an alkaline-soluble coating appears!

In spite of the disadvantages of such a product, you have all heard of tablets that are "built up" in repeated layers, each protected by a special "timed" coating. This process is the basis for claims made for the so-called "repeat action" tablets. If we plotted the effect of such a product, we would have a graph that would be almost flat.

disintegration depends
on manufacturing skill
. . . and the patient's
digestive system

Not all "repeat action" products are tablets. In fact, the leading dosage form in this field is a capsule. It is, of course, possible to coat granules of medication with different types of coatings, which are designed to dissolve at different rates. Granules of varied sizes and varied coatings can be mixed and some of each lot put into capsules. In theory, all such capsules should produce a series of "repeated" effects. In actual practice, their effectiveness depends largely on the skill with which they are manufactured . . . with exact control of particle size and thickness of coatings. To a certain extent, their effectiveness also depends on the motility of a given patient's G.I. tract.

Whether you call a product of this sort a "repeat action tablet" or a "timed release capsule", the basic principle is the same; in both cases, coatings are used to retard the release of ingredients . . . and there is always the possibility that one or more coatings will not disintegrate "on schedule". So, we again have the possibility that too much medication may be released at one time, or that some of it will never be released. And, even under ideal conditions, there is some "peak and valley" effect as repeated doses are released. That's why we stress the fact that Novahistine LP is *not* a "repeat-action" product.

Novahistine LP gives
a continuous effect

If Novahistine LP does not produce the "usual" therapeutic effect of its ingredients, and does not produce a "delayed" effect, and does not produce "repeated" effects, what *does* it do? It produces a *continuous* effect. When its action is plotted on a graph, we get a curve which shows that Novahistine LP begins to release medication as rapidly as a conventional tablet, and therefore reaches a *peak of effectiveness very quickly*. But, instead of dropping off quickly, the peak effect continues for hours . . . because Novahistine LP Tablets continue to release medication at an even rate. In terms of patient benefit this continuous release of medication means continued relief of respiratory congestion — for a period of 12 hours in the average patient. We have, therefore, a new concept to talk about . . . "The Novahistine LP Effect: Patients with colds get immediate relief in a few minutes . . . and continuous relief for as long as 12 hours with a single dose of 2 tablets".

though Novahistine LP
'looks' like a delayed
action tablet, there
are important differences

The mechanics whereby this continuous effect is produced are too involved to describe in detail and, moreover, would be of no interest at all to the average physician. This much, however, can be said about the Novahistine LP Tablet. It resembles the "delayed action" product in only one respect: it has a single core and a single shell around it. The shell disintegrates very rapidly. In a matter of minutes this shell dissolves completely—exposing a core which, by strict definition, may not "disintegrate at all". By that we mean to say that neither gastric juice nor intestinal fluid causes the core to dissolve and break up in small particles. There is no enteric coating around the core and no coated particles within it. Instead, the core is a homogeneous mixture of medication, held in carrier substances which are *not readily soluble* in either the stomach or intestinal secretions. Hence, the core of a Novahistine LP Tablet does not break up as ordinary tablets do. But, its ingredients are released at a constant rate, regardless of where the core is in the digestive tract, and regardless of motility of the digestive tract.

show yourself how
the LP tablet 'breaks
down'

You can get an idea of how this process works by putting a Novahistine LP Tablet in a vial of water. The slightest agitation will cause the outer green shell to dissolve, but even though you continued the agitation for an hour or more, the tablet core might appear to be intact. The outer surface will be softened, but the mass of the core still clings together . . . and if you wipe off the softened surface material you will find underneath it a hard, dry core remaining — smaller in size, of course, than it originally was. The medication in this dry part of the core has not been released — *and will not be fully released until the water penetrates throughout the core*. That process will take several hours.

Obviously, a demonstration of this sort is not suitable for detail use. Nor is it desirable to give the physician a detailed description of the mode of action of a Novahistine LP Tablet. We are stressing it here for one purpose: so that you may visualize for yourself the way in which this unique tablet *continues to release medication* — which is *continuously absorbed*, to produce

continued relief. It will make clear to you, we hope, the difference between Novahistine LP's *continuous* action and competitive products' "delayed action" or "repeat action".

criteria for any claim
of continuous release

You are astute enough, we are sure, to realize that this example of how the LP tablet works is based on what happens when it is immersed in *water*; and you're probably asking yourself what that proves about its action in the stomach or intestine. Would it do the same thing in an *acid* solution or an *alkaline* solution? It would have to act the same way in *both* to be as good as we say it is. Otherwise, we would have the same problem as the manufacturers of some of the earlier tablets, who had to depend on one action in the acid secretions of the stomach and another action in the alkaline secretions of the intestine. We are all agreed that you can't predict how long the tablet would stay in a given patient's stomach, so we could never base a true "continuous effect" claim on any such hypothetical time-table. *Continuous* release must mean the same rate of release in *either* the stomach or intestine. The Novahistine LP Tablet has been tested repeatedly under conditions that will allow you to make that claim, and there is a graphic representation of the data accumulated in these experiments in your detailing material. You will note that the caption says: "The graph above shows that the ingredients in an LP Tablet are released *at virtually identical rates* in simulated gastric or intestinal fluid."

tests proved that the
LP ingredients dissolve
equally well in acid
or alkaline media

For your own information, you may be interested to know something about how such tests are made. The apparatus used was a standard piece of equipment designed to allow the measurement of substances released by tablets under conditions resembling those of the G.I. tract. A tablet was placed in a small, open-mesh basket, which was then immersed in liquid. In some tests, the tablets were agitated in the solution, to determine whether this would affect their disintegration or speed up the release of medication. At stated intervals, the solution was assayed to determine how much of the substance originally contained in the tablet had been released into the liquid. A standard tracer drug, readily identifiable in precise amounts, was incorporated in the core and shell of LP tablets and the amount of this substance that appeared in the solution at stated intervals was plotted in repeated tests. Interestingly enough, there was no difference in results when the tablets were agitated in the solution and when they were simply immersed in it. This would, of course, indicate that there need be no mechanical action of the digestive tract to "erode" or break up the tablet. One line on this graph shows results when the liquid used was simulated *intestinal* fluid, at a pH of 7.5. The other shows results when the liquid was simulated *gastric* fluid, at a pH of 1.0. As you can see, you could almost superimpose one curve on the other . . . graphically demonstrating our claim that "Novahistine LP releases its decongesting drugs *at a constant rate* in both acid or alkaline media . . . assuring patients continuous relief, whether the tablet is in the stomach or the intestine".

. . . thus, effect is
constant, regardless
of digestive activity

the doctor wants to
know how well this
will work for his
patients

But, dramatic as this graph is, it is admittedly based on *in vitro* evidence, and the doctor treats *human beings* . . . so he has a right to know how the tablet acts *in vivo*. Two questions he always wants answered about a new product are: "Does it really give the patient *relief*?" and "Can my patients use it *safely*?"

"Relief", of course, is a subjective thing, which can only be demonstrated by clinical use. But, even before the doctor finds out for himself how effective Novahistine LP is, we can demonstrate what he can reasonably expect from the product. With Novahistine LP, *he can expect patients to get relief as rapidly as though he gave the same ingredients of Novahistine in a solution* . . . which is generally accepted as the fastest-acting of all oral dosage forms. The graph, which you will find in your new detail visualizer, compares the time it takes ingredients in an LP tablet to be released, as compared with the same ingredients in a solution. And, these tests were made in human subjects. Basically, these tests established "rates of absorption", which can be accurately determined by measuring the amount of drug excreted by an individual at intervals after the drug is administered. The chart shown is an average of all the subjects taking part in the tests and, as in vitro tests, a standard tracer drug was used to permit precise assaying of the amounts excreted at half hour intervals during a four-hour period. Note that when the substance was administered in solution it was rapidly absorbed, and thirty minutes after administration, it began to be excreted in the urine. After one and one half hours, the peak of absorption was reached . . . which, for our purposes we can translate into "peak release", "peak effect", or "peak of relief". Note, however, that the solution curve falls away from the peak almost as rapidly as it went up to the peak. This is the "usual therapeutic effect" we were discussing earlier. Now compare the rate of absorption of the same substance, given to the same individuals, in the form of LP Tablets. Not only do the LP Tablets produce a "peak effect" as high as that on the "solution curve", but the peak is reached almost as rapidly! One hour after the LP Tablet is taken, it has released almost as much medication as the solution released during the first hour. This rapidity of effect is, of course, explained by the rapid disintegration of the outer shell, which releases medication immediately for prompt relief of the patient's symptoms.

human tests showed
prompt action

safety is also an
important consideration

But, proving that Novahistine LP brings *prompt* relief does not prove its *safety*. The amount of phenylephrine and antihistamine in an LP Tablet could always be assumed to produce prompt relief if they are promptly absorbed. The doctor also wants to be sure in his own mind that absorption won't be *too* prompt . . . that there isn't going to be too much absorption at one time — too great a peak in effect which could be caused by sudden, unpredictable release of the ingredients. That's why our studies in human subjects had to be carried further with Novahistine LP Tablets. We had to be able to demonstrate that the release of

absorption studies
showed continuous effect
... with no sporadic
peaks and valleys

medication is *controlled*, to assure a constant, safe rate of absorption. Again, a standard tracer substance, precisely identifiable, was used in LP Tablet form, and excretion was measured at half-hour intervals for a period of ten to twelve hours. Note, on this graph, how even the rate of absorption proved to be . . . there are no sporadic peaks and valleys that would indicate "delayed" or "repeated" releases. The curve indicates a "*continuous effect*", under controlled conditions . . . just as clinical reports demonstrate "*continuous relief*" when Novahistine LP is used in daily practice. These clinical reports, added to the laboratory data that you have seen summarized here, are the basis for your statement to the physician that two Novahistine LP Tablets, morning and evening, produce continuous, effective decongestion of the air passages in the average patient . . . and should any resistant case require a third daily dose, *it can be safely given*.

**YOUR MODIFIED NOVAHISTINE VISUALIZER PROVIDES
POTENT SALES AMMUNITION FOR OUR NEW PRODUCT
... BUT REMEMBER THAT YOUR PHYSICIANS ARE FAR
MORE INTERESTED IN PATIENTS THAN TABLET ACTION**

In detailing Novahistine LP, you will continue to use the Novahistine Effect visualizer. Since the visualizer has only been in use a few weeks, it is essential that you repeat the Novahistine Effect story before presenting Novahistine LP. Before we hear the detail, however, there is one thing you must clearly understand about Novahistine LP promotion.

the doctor wants to
know what the product
does, not how it does
it

As you recall from your "Sales Workshop", salesmen sometimes make the fatal mistake of "discovering America". This mistake is usually fatal to the sale, although it may make very interesting and forceful conversation. Now you ask, "how does this apply to Novahistine LP?" When you talk about "continuous breakdown of the tablet", or "sustained release regardless of pH", you are not selling patient benefits. In other words, you are not really *selling* Novahistine LP. Only if you constantly interpret this product information into patient benefits will you achieve the higher profits for yourself and your company that go with substantial sales of this product.

So let's not say "continuous action"; let's say "continuous decongestion". Instead of "even release of Novahistine LP"; say "prolonged clearing of the air passages"; and when speaking of "all night; all day control", be certain you add . . . "control of respiratory discomfort".

These important points are adhered to in the following sales presentation. You may, and probably will, change this story somewhat to fit your preference as to style and organization of material, but this detail — if used the way it is written, with a comprehensive review of the Novahistine visualizer — will sell Novahistine LP.

SUCCESSFUL NOVAHISTINE DETAILING REQUIRES YOUR
ATTENTION TO THE 'BASIC' STORY BEFORE OUTLINING
ADVANTAGES OF NOVAHISTINE LP'S CONTINUOUS ACTION

Salesman: Doctor, don't you find in your practice that colds, or their complications, are one of the most frequent reasons why patients see you?

Doctor: Yes, that seems about right.

respiratory conditions
are the largest single
illness

Salesman: Actually, except for routine health check-ups and supervision, colds are the most frequent reason why patients see doctors. In fact, respiratory conditions actually represent the largest single illness in the medical field.

I am sure you will agree that when these patients come to you they often expect a "cure" — even though we know there is no specific cure for a virus cold. But, to your patient, a "cure" probably means a control of symptoms so that his air passages are opened and he can breathe freely again.

Topical applications work quite well *in your hands*, but, don't you agree that many patients misuse nose drops and sprays, causing damage to the nose and sinuses? To prevent potential hazards and to continue safe and effective treatment at home or at work the patient needs the Novahistine Effect.

the 'Novahistine Effect'

These patients will immediately know when they have the Novahistine Effect, because they will stop sniffing and begin breathing freely in a few minutes — with all air passages cleared and no sense of jitteriness or nasal irritation.

And now, doctor, I would like to show you how this Novahistine Effect is produced.

advantages of
phenylephrine

First of all, phenylephrine hydrochloride is recognized as one of the most effective sympathomimetic agents. When taken orally, it decongests air passages within a very few minutes and it does not lose its effectiveness upon repeated dosage. It also has the important advantage over other ephedrine-like drugs in that the patient will not experience jitteriness, insomnia, or a fast pulse. Although most ephedrine type drugs depress the appetite and increase the heart rate, phenylephrine, in recommended doses, is free from these side actions. In other words, doctor, your patients won't have to tolerate untoward reactions to get the Novahistine Effect.

... and combined
vasoconstrictor-antihistamine
action

Novahistine also provides a potent histamine antagonist. A combined vasoconstrictor-antihistaminic action achieves considerably more decongestion than either drug alone and produces more prolonged relief.

advantages of
oral medication

Being an oral medication, Novahistine works from the *inside*. All membranes of the nose, paranasal sinuses, trachea and bronchi are decongested. Thus, the entire respiratory tract is opened with Novahistine. On the other hand, nose drops, which work from the outside, can relieve only one small area. In fact, topical applications often can't reach the inflamed mucosa because of obstruction and thick layers of exudate. Doctor, isn't that why

many patients who resort to such frequent applications of drops, sprays, and inhalants produce chemical irritation of the mucosa and rebound congestion? This problem of "overtreatment" is avoided when you prescribe Novahistine—yet your patient enjoys the comfort of breathing freely. *(Please turn to the "Novahistine LP" insert and continue your detail.)*

Salesman: I am sure, doctor, that you find patients who sometimes fail to interrupt their work or sleep to take medication despite the fact that good results may depend upon continuous relief?

Doctor: Yes, that's right.

continuous effect
with LP

Salesman: When such patients have a cold, doctor, they will appreciate the Novahistine LP effect, because Novahistine LP provides marked shrinking of respiratory mucosa and provides immediate relief which lasts as long as twelve hours from one dose. And Novahistine LP does not depend on repeated or delayed release — but will provide continuous decongestion because of a continued release.

... in either acid or
alkaline media

Let me show you how this is achieved.

This chart shows that Novahistine LP releases its active ingredients at an equal rate in both acid or alkaline media — so, whether the tablet is in the stomach or intestine, your patients will continue to get relief.

rapidity of action

You will also appreciate the fact that Novahistine LP produces decongestion almost as fast as the same ingredients when given in solution. And doctor, — isn't this important to your patients?

Doctor: Yes, it is.

safety

Salesman: This chart, based on studies in human subjects, shows the absorption rate of the active ingredients. As you can see, there are no repeated peaks and valleys in these absorption rates. For this reason, Novahistine LP does not produce uncontrolled, sporadic effects.

Clinical studies show that the decongestive effect of Novahistine LP is usually maintained for 24 hours by a morning and evening dose of two tablets. Of course, an occasional patient may require a third dose, which can be safely prescribed.

Doctor, when you prescribe Novahistine LP, would you ask the first ten or fifteen patients to tell you about their relief?

Doctor: Yes, I will.

Salesman: Thank you. Would you like to have a trial sample?

Doctor: Yes, I would.

Salesman: Here are 6 tablet samples, which is enough for three doses and let me underline the dosage instructions for you on this file card. *(Do this and then return to the last page in the visualizer.)* We think your patients' comments will prove to you that Novahistine LP gives the sustained decongestion that you want them to have. If it would help you recall the name, you might remember that the LP formula is like a long playing record — it gives continuous release for continued relief.

Planned Detailing

**COMMENTS AND QUESTIONS SHOULD NOT MAKE
YOUR DETAIL MORE DIFFICULT . . . IT OFTEN
MAKES EVEN MORE FORCEFUL SELLING POSSIBLE**

We realize that you seldom get the opportunity, nor do you want it, to tell an uninterrupted story.

Notice that the salesman answering the doctor's objections, as reported below, does not answer the question about phenylephrine, for instance, by forgetting to sell Novahistine LP. He constantly interprets each question into a forceful patient (or doctor) benefit in terms of the whole product — not just one active ingredient. You will also notice that each question is used as an opening for explaining the effectiveness and safety of Novahistine LP.

You should not, for obvious reasons, bring these questions up yourself. At worst, you would be raising an objection that the doctor hadn't thought of; at best, you would be taking time from other, more important sales points.

- I -

Doctor: Why should I use Novahistine LP? I'm getting good results with Triaminic!

brief comparison
with the 'repeat
action' competition

Salesman: I am sure you are, doctor, but Novahistine has some advantages which we think you will find apparent. For one thing, the product you mention has a "repeat" or "second" action and Novahistine LP has a *continuous* action. I believe you will also find that they recommend a t.i.d. dosage with their product, while we recommend only 2 doses in 24 hours. In addition, Novahistine LP will not depress the appetite and your patient will not exhibit jitteriness or palpitation when taking the recommended dosage. This is due to our use of phenylephrine, which is probably the least toxic and most effective oral decongestant known. Moreover, the action of Novahistine LP does not depend on layers of enteric coating. In other words, Novahistine LP releases at a continuous rate to provide prolonged decongestion. This is difficult to achieve with any product whose action depends on such variables as differences in pH. Will you use Novahistine LP on several patients with congestive head colds or excessive post-nasal drip and compare the results?

- II -

. . . and with our
own Fortis capsules

Doctor: I have used a lot of Novahistine Fortis capsules. Do you think I should use Novahistine LP in place of the Fortis capsules?

Salesman: Doctor, that, of course, is your decision. Novahistine LP does have some advantages, such as less frequent dosage, which means that patients probably aren't as apt to forget to take the medication. Novahistine LP would be specifically indicated

in the patient who complained of "gagging" from a post-nasal congestion at two or three o'clock in the morning. You may feel, however, that patients who have been so successfully controlled with the little green and white capsules will want to continue taking this form of Novahistine.

- III -

Doctor: I use a similar product and I am satisfied with it.

Salesman: Do you mind telling me the name of the product?

... and with little
known or 'me, too'
products

Doctor: I don't mind. The name is Lonact Cold Tablets, made by Block Laboratories.

Salesman: Doctor, I want to respectfully point out that, in my experience, I have found few products "like" Novahistine. For this reason, although I am not familiar with that name, I would very much like you to compare Novahistine LP with it. We firmly believe that Novahistine LP provides such marked clearing of the air passages, with so few side effects, that such a comparison will prove to you the place Novahistine LP has in your practice. Will you evaluate Novahistine LP on the next 12 patients you see who have colds or sinus conditions?

- IV -

Doctor: What effect does Novahistine LP have on blood pressure?

effect of Novahistine LP
on blood pressure

Salesman: According to Goodman and Gillman, it takes 20 to 50 mg. of phenylephrine, in a conventional dosage form, to raise the blood pressure measurably in the susceptible patient. Two Novahistine LP tablets contain 40 mg. of phenylephrine but, because of the controlled release, a patient can not get the full effect of 40 mg. at any given time. Actually, *if a patient is sensitive*, he may get about the same rise in blood pressure from Novahistine LP as he would getting up from a chair in one corner of the room and walking rapidly to the other corner. Yet, even with this wide margin of safety, two Novahistine LP tablets will produce a marked and prolonged shrinking of the respiratory mucosa, and a pronounced clearing of the air passages. Doctor, will you use Novahistine LP on the next patient you see who exhibits these symptoms?

- V -

the reason why we
substituted antihistamine

Doctor: I see you are using Chlorphenpyridamine in Novahistine LP. That isn't the same antihistamine you use in Novahistine Fortis, is it? What's the difference?

Salesman: We use prophenpyridamine in our other Novahistine formulas and, as you noticed, we use Chlorphenpyridamine in Novahistine LP. This was done because it is less bulky and, therefore, can be made into a smaller tablet. As pointed out in NNR, there is no real difference in either effectiveness or safety.

Planned Detailing

HERE ARE SOME QUESTIONS (AND ANSWERS) OF A
MISCELLANEOUS NATURE ON NOVAHISTINE LP
PROMOTION, POTENTIAL, AND INDICATIONS

You are all aware of the fact that no new product is produced and sold without the advice and help of many, many people in a company. This has been especially true of Novahistine LP and I am sure that you would like an opportunity to talk to some of these men and ask them questions.

The following question and answer session came from a round table discussion in which a salesman and certain specialists in the company participated. Each question or statement that was raised by the salesman was answered by the person present whose responsibilities best fit the category in which the question falls.

Q. The Novahistine Effect Visualizer is good, but some doctors get jumpy when you start on the first page and proceed line by line through the whole thing.

you can go through
the visualizer many
times with the same
physician

A. Well, no doubt you do see an impatient doctor once in a while who wants to "get to the point", but isn't he the exception rather than the rule? Actually, when this happens, it's a fine opportunity for you to test your salesmanship. If you can keep him interested, you are using selling techniques. You well know that showing while you tell causes the doctor to remember much easier, so if you talk *with* him, and not *to* him, you'll have very little trouble. For instance, on pages 2 and 3 of your visualizer, as you sweep your pencil across the page, say, "doctor, aren't colds the most frequent patient complaint in every season of the year, and aren't they one of the most frequent reasons why patients come to see you?"

If you get the doctor into the act, he'll just naturally follow the story. If a doctor should stop you, you might say, "Doctor, just let me have a few moments to point out one or two new concepts" and then pick out a few points from the visualizer to review. The main thing to avoid is letting a few doctors keep you from using this powerful sales tool on the rest of your calls.

Q. We've learned some figures about Novahistine competition today and I, for one, am prepared to go after these opportunities. But what are we shooting for — all of the cold market or just the ethical part?

what 'part of the
market' are we after?

A. Well sir, your enthusiasm is very laudible indeed, although I really doubt that you can get all of even the ethical part. Actually, I think, we need to look for our potential in the total cold market — since, as you know, some forms of Novahistine can be sold over-the-counter. I don't think there is a real demarcation line between ethical and over-the-counter promotion with this type of product. A good Rx product can easily make inroads on an over-the-counter item and vice versa. Therefore, we can set our sights at a point that is circumscribed by the 100 million dollar figure mentioned today—which is the total market.

what you should
expect in LP volume

Q. What is the total dollar volume I can expect to get in my territory on Novahistine?

A. The average salesman can reasonably expect to double his last year's Novahistine business. Being better than average, you should shoot for considerably more than this — especially, now that you have the new LP form which could easily become our biggest Novahistine product.

Q. I have had doctors tell me they use nose drops for post-nasal drip with good results. How does Novahistine LP work in this condition?

indications for
Novahistine LP

A. First, we must define what is meant by "post-nasal drip". Actually, the secretion of fluids by normal mucous membrane results in a constant and healthy flow of secretions. These secretions are propelled by ciliary action back to the throat and are swallowed, resulting in a constant post-nasal drainage. What the doctor actually means when he speaks of post-nasal drip is an *excessive* amount of secretions or a purulent discharge that adheres to the soft palate and causes a congestion in the throat. Nose drops or sprays can relieve this condition — if properly applied — for a while, but here again the disadvantages of nose drops far outweigh their advantages. For one thing, it doesn't seem reasonable to me for anyone to limit treatment of a virus infection or an allergy to the mucosa lining the nose. The effect of a virus infection is not limited to one part of the respiratory tract — it devitalizes all of the respiratory mucosa and, for this reason, our Novahistine formula is a much more logical treatment. Novahistine LP will control post-nasal drip much more comprehensively than nose drops can and, at the same time, help restore and integrity of the congested and inflamed mucosa of the trachea, bronchi and post-nasal sinuses as well.

Q. Doctor, you treat patients at the plant, don't you? When do you use Novahistine LP?

when Novahistine LP
is specifically needed

A. First, I use it when I suspect that a patient might be lax about taking prescribed medication. After all, people sometimes forget, and remembering two doses a day is easier than trying to remember four doses. Secondly, I use the LP formula when I see a severe sinusitis or rhinitis or a patient with a severe congestive cold. It is especially important in these cases that patients have a continuous effect from medication. It should be remembered that any tablet takes a while to break down in the stomach and to be absorbed into the blood stream — also, near the time for the next dose, the amount of medication being absorbed is often below the therapeutic level. This means that there are several periods during the day when the patient's symptoms may re-occur. In addition, this fluctuation in therapeutic levels that occurs with a short acting tablet may mean that it will take longer for the optimum therapeutic response. Therefore, Novahistine LP can be expected to give patients, who have a severe respiratory congestion, more relief. This can be summed up by saying that — with Novahistine LP, the doctor can expect to get better utilization of the medication.

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